



Dear Business Owner:

Enclosed please find the MBE/WBE Certification Application. If you wish to participate as a Minority and/or Women Business Enterprise, kindly complete and submit the application along with a non-refundable check or money order in the amount of \$75.00 made payable to “*NJ Commerce*”. **DO NOT SEND CASH.**

PLEASE NOTE: ONLY MINORITY AND/OR WOMEN BUSINESS ENTERPRISES WHICH MEET THE DEFINITION OF “MINORITY” AND/OR “WOMEN BUSINESS” IN NJAC 12A:10A-1.2 WILL BE ELIGIBLE FOR THE STATE SET-ASIDE PROGRAM.

Please pay particular attention to the supporting documents required. Also, for each question on the application, a response must be indicated, even if it is “Not Applicable.” *Incomplete applications will be returned.* Please contact either the Small Business Development Center (973) 353-5960 or New Jersey Institute of Technology (973) 596-3105 prior to submitting your application for **free counseling.**

If your business is currently certified as an MBE and/or WBE by the Port Authority of NY/NJ, NJ Transit or NJ Department of Transportation, please complete this application (questions only), and submit with a copy of your current certification approval letter and/or certificate, and a non-refundable check or money order for \$75.00. Please send your completed application to:

NJ Commerce & Economic Growth Commission
20 West State Street, 4th Floor
PO Box 820
Trenton, NJ 08625-0820

If you require further information, please call our toll-free number (888) 239-1288 for assistance.

Sincerely,
Margie Greene, Administrator
Business Services



MBE/WBE CERTIFICATION APPLICATION

www.state.nj.us/commerce/smallbiz.htm

General Instructions

1. Please print or type clearly. Do not leave any spaces blank on the application.
2. If a question is not applicable to your business insert "N/A" in the space provided for your answer.
3. Please make a photocopy of your completed application for your personal files.
4. Whenever the space is insufficient to answer the questions completely, attach additional sheets.
5. Use the question number to identify any answer continued on an additional sheet.

1. Name and Street Address of Applicant Firm *(Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc. ", not as 'ABC Construction').*

- 1a. "Doing Business As" (D/B/A) Name *(Complete if firm does business under an assumed or trade name that is different from it's legal name.)*

- 1b. Mailing Address *(Complete if different from street address.)*

2. Business Phone Number: () _____ FAX: () _____
E-MAIL Address: _____

3. Federal Employer Identification Number or Social Security Number *(A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, contact the US Internal Revenue Service at (516) 447-1955. Sole proprietorships may submit Social Security number of the owner in lieu of the Federal Identification Number.)* _____

4. Name of Company President/Chief Executive Officer/Managing Member/Owner

President and/or CEO	Managing Member	Owner

- 4a. Name & title of officer of the firm who can be contacted during the application review process.

Name: _____ Title: _____

5. This firm is applying for certification as: *(One or more categories may be designated.)*

☐ Minority Business Enterprise (MBE) ☐ Women Business Enterprise (WBE)

6. Does this firm have current U.S. Small Business Administration (SBA) 8(a) status?

☐ Yes ☐ No *(If Yes, please attach a copy of the SBA letter of approval)*

7. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

☐ Yes ☐ No (If Yes, please identify agency, department or authority.)

8. Type of ownership (Please specify current ownership)

☐ Sole Proprietorship _____ Date Established _____ Certificate of Trade Name on file in _____ County _____

☐ Partnership _____ Date Established _____ Business Certificate for Partners on file in _____ County _____

☐ Limited Liability Company _____ Date Established _____ Certificate of Formation on file in _____ State _____

☐ Corporation _____ Date Established _____ Articles of Incorporation on file in _____ State _____

8a. Did the business exist under a different type of ownership prior to the date entered in question 8?

☐ Yes ☐ No (If Yes, please explain.)

8b. Has your Articles of Incorporation or business name certificate been amended?

☐ Yes ☐ No (If Yes, please explain.)

8c. Method of Acquisition (check all that apply): Date of acquisition: _____

☐ Start New Business ☐ Secured Franchise ☐ Secured Concession

☐ Bought Existing Business ☐ Merger or Consolidation ☐ Inherited Business

☐ Other

8d. Name, position & ethnicity of all principals with ownership interest. (Check all that are applicable. If no positions are held, write "None".)

Name	Position	Group Code*	% Owned	Sex	US Citizen or Permanent Resident Alien

*Group Code Key (Please refer to regulations for definitions)

01 - Black

03 - Asian-Pacific

05 - Non-Minority (women)

02 - Latino

04 - Asian-Subcontinent

06 - Other

9. Please identify the cash and capital contributions to the firm by those identified in 8d, including gifts, equipment, loans, and expertise. If inherited, please submit copy of probated Last Will & Testament.

Contributor/Source	Amount/Value	Type/Date of Contribution

10. If the firm is a partnership or limited liability company, please complete for all partners/members.

Name	Total Amount/Value of Contributions	Date of Ownership

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10a. If the firm is a corporation, please complete for all shareholders.

<u>Name</u>	<u># of Shares</u>	<u>Common or Preferred</u>	<u>Amount paid when purchased</u>	<u>Date of Ownership</u>

10b. If the firm is a corporation, how is the number of shares distributed?

Common Shares Authorized _____
Preferred Shares Authorized _____

Common Shares Issued _____
Preferred Shares Issued _____

11. Gross Receipts (Sales). Please provide total gross sales for the last 3 years. *(If business is under 3 years old, provide as many years returns as you have and complete with personal tax returns.)*

Current year _____
year

Last year _____
year

Previous year _____
year

12. Number of employees *(Please average over the last year if necessary.)*

Permanent

Full-Time _____
Part-Time _____

Temporary

Full-Time _____
Part-Time _____

13. If licensing, permits or accreditation is required to conduct the business, please identify:

Type of License/Permit	Issued by	Issue Date	Exp. Date	Holder/Registrant

14. Check all that best describe the business operation:

☐ Construction Contractor
☐ Retail
☐ Other

☐ Regular Dealer of Goods/Services
☐ Technical Service

☐ Professional Service
☐ Mfg. of Materials /Products

14a. Describe principal products/commodities sold, specialties or services offered *(Please explain in detail.)*

14b. List all applicable commodity craft codes. To identify your commodity codes, visit www.state.nj.us/treasury/purchase/commsrch.htm If firm is in a construction related industry, list construction craft codes from attached list. (Attach additional sheets as needed)

15. Identify those individuals responsible for managerial and operational control. * For Group Codes, see page 2.

<u>Name & Title</u>	<u>Sex</u>	<u>*Group Code</u>	<u>Owner or Non-Owner</u>
1. Financial Decisions	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
2. Estimating	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
3. Preparing Bids	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
4. Negotiating Bonding	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
5. Negotiating Insurance	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
6. Marketing & Sales	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
7. Hiring & Firing	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
8. Supervising Field Operations	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
9. Purchasing Equipment/Supplies	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
10. Managing & Signing Payroll	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
11. Negotiating Contracts	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
12. Signators for Business Accounts	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

15a. Please identify additional staff persons. (If any individual also works for another firm, please check yes and provide the person's name, his/her position, other firm's name, address and telephone number.)

	<u>Name & Position</u>	<u>Other Firm Name & Address</u>	<u>Phone</u>
1. Office Staff			
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
2. Field/Supervisory staff			
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
3. Estimator			
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
4. Controller			
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
5. Consultant (For firms providing consultant/technical or advisory services)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			()
<input type="checkbox"/> Yes <input type="checkbox"/> No			()

15b. If this firm shares any of the following with any other firm, please provide the other company's address and phone number.

	<u>Other Firm Name</u>	<u>Address</u>	<u>Phone</u>
1. Office Space			()
2. Yard Space			()
3. Equipment (include rentals)			()

16. List rented, leased, or owned warehouse, plant, yard, and office facilities. (If homebased or inherited, refer to number 9 of supporting documents.)

<u>Facility Type</u>	<u>Name of owner of lessor and/or rental agent</u>	<u>If rented or leased, amount of yearly rent payments</u>

16a. List major equipment (including office) or machinery that is owned or leased by your company.

<u>Type</u>	<u>Depreciated Dollar Value</u>	<u>Acquisition Date</u>	<u>Payment Terms</u>

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17. Do any principals, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other company? ☐ Yes ☐ No (If Yes, please complete the following.)

<u>Name of Person</u>	<u>Firm Name & Address</u>	<u>Phone Number</u>	<u>Nature of Business</u>	<u>Full or Part Time</u>

18. Attorney for firm

Name: _____
 Address: _____
 Phone: () _____ Fax: () _____

19. Accountant for firm

Name: _____
 Address: _____
 Phone: () _____ Fax: () _____

20. Has the firm applied for certification as an M/WBE, or DBE with another governmental agency, department or authority? ☐ Yes ☐ No (If Yes, complete the following:)

	<u>Agency</u>	<u>Date</u>	<u>Contact person</u>	<u>Phone</u>	<u>M/W/DBE</u>
1. Pending with:					
2. Certified by:					
3. Decertified by:					
4. Withdrawn/ Closed Out:					
5. Rejected by:					
6. Denied by:					

- 20a. Are there appeals pending on any of the above applications or certifications? ☐ Yes ☐ No (If Yes, complete the following:)

<u>Agency</u>	<u>Appeal Date</u>	<u>Contact Person</u>	<u>Phone</u>

21. List the three (3) largest accounts for which the applicant has provided goods or services within the last two years:

<u>Firm Name & Phone</u>	<u>Account Dollar Amount</u>	<u>Location of Performance</u>	<u>Duration</u>
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1.			
2.			
3.			

22. Identify bank(s) where your company accounts are maintained:

<u>Bank Name</u>	<u>Address</u>	<u>Contact</u>	<u>Account Type</u>	<u>Account #</u>

23. Does your company have a line of credit? ☐ Yes ☐ No (If Yes, identify)

<u>Source</u>	<u>Limit</u>	<u>Name of Guarantors</u>

24. List major current creditors and/or lenders and types of investments and/or loans for your firm.

<u>Name of creditor/lender</u>	<u>Type of investment/credit/loan</u>	<u>Dollar value of investment/ terms/ credit/loan</u>

25. If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest they have. Include venture capitalists and other similar investors.

<u>Firm Name</u>	<u>Address</u>	<u>Percentage of Ownership</u>

26. Is your firm bonded? ☐ Yes ☐ No (If Yes, please specify the type and limit)

Bonding Company: _____

Address: _____

Phone: _____

Contact Person: _____

Type: _____ Limit: _____

SUPPORTING DOCUMENTS

A. REQUIRED FOR ALL APPLICANTS. Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes.

IMPORTANT NOTE: If appropriate documents are not submitted AND no written explanation is given, your application will be returned to you.

- ☐ 1. Resumes of all principals, partners, officers and/or key employees of the firm as per questions 8d, 10 and 15. Show home address and telephone number, education, training and employment with dates.
- ☐ 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- ☐ 3. Company's current financial statement.
- ☐ 4. Most recent three years' Federal and State tax returns for business including all schedules. Include both business and personal tax returns of all officers, owners and/or principals.
- ☐ 5. Proof of sources of capitalization/investments. (receipts for purchases, cancelled checks, etc.)
- ☐ 6. Proof of ethnicity and/or gender (i.e. Photo I.D., Birth Certificate, Baptismal Certificate, U.S. Passport, etc.)
- ☐ 7. Proof of U.S. Citizenship (i.e., Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.)
- ☐ 8. Proof of permanent resident alien status (i.e. permanent resident "green" card)
- ☐ 9. Lease Agreements per questions 16 and 16b. If home-based copy of deed or mortgage; if inherited—copy of probated Last Will & Testament.
- ☐ 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
- ☐ 11. Any employment agreements.
- ☐ 11. Any Employment Agreements.
- ☐ 12. Proof of Small Business Administration 8 (a) Certification (copy of all approval letters).

SUPPORTING BUSINESS FORMATION DOCUMENTS

B. REQUIRED FOR A SOLE PROPRIETORSHIP: *(Attach copies of the following: Please indicate which documents you are submitting by checking appropriate boxes.)*

- ☐ 1. **Copy of Certificate of Trade Name or Business Trade Name** filed with County Clerk (if doing business under an assumed name).

C. REQUIRED FOR A PARTNERSHIP OR LIMITED LIABILITY COMPANY *(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes.)*

- ☐ 1. Business Certificate or Certificate of Formation.
- ☐ 2. Partnership agreement or Operating Agreement.
- ☐ 3. Buy-out Rights or Buy-out Agreement.

D. REQUIRED FOR A CORPORATION *(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes.)*

- ☐ 1. Articles of incorporation, including date approved by State.
- ☐ 2. Corporation By-Laws.
- ☐ 3. Minutes of first corporate organizational meeting and amendments.
- ☐ 4. Minutes of most recent corporate meeting.
- ☐ 5. Copies of all issued stock certificates, front and back, as well as next, blank unissued certificate.
- ☐ 6. Copy of Stock Ledger.

IMPORTANT NOTE: if appropriate documents are not submitted AND no written explanation is given, application will not be processed.

FRAUD

The undersigned does hereby swear that the statements contained in this application and all attachments that has been provided in support of this application (hereafter referred to as "this application") are true, accurate, and complete and include all material information necessary to identify and explain the ownership and operation of:

Insert Full Name of Applicant Company Here

Further, the undersigned does covenant and agree to provide New Jersey Commerce and Economic Growth Commission (hereafter collectively referred to as NJ Commerce) with current, complete, and accurate information regarding this application, its attachments, or any project or contract issued by the State of New Jersey. The undersigned further agrees that, as part of this certification procedure, NJ Commerce may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Minority Business Enterprise and/or a Women Business Enterprise. The Undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) *will* be grounds for immediate rejection of this application for certification or re-certification.

It is recognized and acknowledged that the statements contained in this application have been given under oath and that any material misrepresentation will be grounds for denial of certification or for de-certification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department, agency, etc., which is responsible for providing funds of the State of New Jersey or the United States Government which are used to fulfill contracts arising from the representations made in this application. The release of such information will be subject to all laws of the State and Federal Government applicable to the treatment of confidential information and/or material.

It is further understood that certification as an MBE, WBE, or M/WBE will be suspended for a period of up to, but not exceeding, two years if, after proper investigation by NJ Commerce, the applicant is determined to be engaging in activities which circumvent the intent of the New Jersey Commerce & Economic Growth Commission's Certification Program.

The applicant further understands that misrepresentations made in this application are subject to all laws of the State of New Jersey, which deal with civil and criminal fraud. Under these laws convictions may result in fines up to \$100,000 (or any higher amount equal to double the pecuniary gain to the offender or loss to the victim) or a jail term of between five and ten years.

The undersigned further acknowledges that certification is normally reviewed annually but that NJ Commerce retains the right to reevaluate the contents of this application at any time.

I have read and acknowledge the foregoing.

Signature of Applicant

Verification

STATE OF _____)
COUNTY OF _____) SS

(A) _____, being duly sworn, states he or she is the owner

Name of Corporate Officer

(Or a partner/member in) of the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

(B) _____ being duly sworn, states that he or she is the

Title of Corporate Officer

Name of Corporation

of the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her own knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal (if applicable)

Sworn to before me this ____ the day of _____ 20__

Notary Public

Person assisting in completing the application: Name _____

Signature

Telephone Number

NOTE Applicant must also sign Fraud page.

Mail completed form to: New Jersey Commerce & Economic Growth Commission
Office of Small Business
20 West State Street, 4th Floor
PO Box 820
Trenton, New Jersey 08625-0820

PLEASE READ THIS ENTIRE PAGE CAREFULLY!!

Only the signature of the owner or president of a corporation is acceptable. (For a partnership, only a general Partner may sign, the signature of a Limited Partner is not acceptable. For an LLC, the managing member must sign.)

